

## PNW COLLEGE CREDIT - TEACHER VERIFICATION FORM

# 2021-22 Articulated Classes Offered at *District or Skill Center*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Contact Method: \_\_\_\_\_

High School Class	Articulation Title	College	College Course	Course ID	Credits

**By signing this form, I understand that I am agreeing to all requirements as outlined in the current articulation agreement, this includes:**

- Teaching 100% of the articulated college course competencies / learning outcomes per the articulation agreement/s listed above
- Sharing the opportunity to earn college credit through the CTE Dual Credit program with all students in my class

**I promise that I will:**

- Grade ALL students that are registered in CTE SERS – on or before the date that grades are due to my school district (June 30<sup>th</sup> is the final deadline)

### SIGNATURES REQUIRED:

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**CTE Director Signature**

\_\_\_\_\_  
**Date Signed**

## SIGNED FORM DUE TO PNWCC OCTOBER 31<sup>ST</sup>